INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 South "D" Street
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

SPECIALTY AND OPTIONAL SCOPE
PROGRAM APPROVAL APPLICATION

☐ **New**   ☐ **Renewal**   ☐ **Update**

PROVIDER INFORMATION

Name: _____

Address: _____
          Number & Street   City   State   Zip

ADMINISTRATION

Name of proposed Medical Director: _____

Phone: _____ Email: _____

Name of proposed Coordinator & Title: _____

Phone: _____ Email: _____

PROGRAM DETAILS (ICEMA *Reference #6060 - Procedure Section*)

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Submit the following for program review:
- Complete application.
- A statement demonstrating a need for the program.
- Description of the geographic area the specialty program will be implemented in.
- A description when the program will operate (special events, 24/7) and how implemented.
- A description of how the program will interface with the EMS System and 9-1-1.
- A description of the training related to the specialty program.
- List of employees participating in the program. *(Notify ICEMA within 10 days of any changes.)*
- A detailed description of any deviation from the Standard Drug & Equipment list. Provide detail of how equipment and drugs will be transported and stored.
- A Quality Improvement plan and process for reporting .any deviations.
  Additional items may be requested upon review

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Type of Program:

☐ AED Service Provider - Public Safety

☐ Mobile Medic *(bicycle, motorcycle, ATV, boat, etc.)*

☐ Tactical Medicine Program

☐ Other Specialty Program *(specify)*
_____

☐ Optional Scope Program *(specify)*
_____

Additional requirements for Mobile Medics
- A statement indicating compliance with DMV required personal safety equipment.
- A list of the type of vehicles utilized.
- Type of PCR utilized and process for transfer in the field.
- Type of communication equipment.

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Completed by (Print Name): _____

Signature & Date: _____

ICEMA Use Only

Date
Rcvd:_____ All requirements verified: _____Approved by: _____Date:_____

Revised 06/30/15:mae